

NC Medicaid

County Playbook: NC Medicaid Managed Care

What are cold/warm transfers and referrals?

Transfers and referrals are one way to support beneficiaries with the changes associated with Medicaid Transformation. Throughout the transition, many organizations – the Enrollment Broker, health plans, local Departments of Social Services (DSS), and Ombudsman (expected to be fully operational in April) – will work together on behalf of beneficiaries. Sometimes, beneficiaries may contact an organization that cannot resolve their issue; in these cases, it is crucial that the beneficiary is directed to the correct place through either a cold transfer, warm transfer, or referral. The table below provides a description of each.

Cold Transfer	Transfer beneficiary to appropriate support entity and provide contact information.
Warm Transfer	Transfer beneficiary to appropriate contact and stay on the line with him or her until a live agent answers; explain the situation to ensure the agent clearly understands before leaving the call.
Referral	Provide contact information for appropriate support entity.

ROLES BY ORGANIZATION UNDER NC MEDICAID MANAGED CARE

Local DSS Offices

- · Determine Medicaid eligibility.
- Enter health plan preference in NC FAST for beneficiaries who already know which health plan they want.
- Assist beneficiaries in understanding who to contact to get answers to questions.
- Ensure that addresses, contact information, and changes in circumstance are up to date in NC FAST.
- · Provide general assistance with questions about Medicaid eligibility.
- Direct beneficiaries to the Enrollment Broker for choice counseling and/or enrollment assistance.

Enrollment Broker

- Send notices to beneficiaries about enrolling in health plans.
- Provide choice counseling to help beneficiaries choose the right health plan and PCP to meet their needs.
- Enroll beneficiaries in health plans.
- Provide general assistance with questions about Medicaid Transformation.
- Perform outreach and education to beneficiaries, DSS offices, and community-based agencies.

Health Plans (Prepaid Health Plans (PHPs) and the EBCI Tribal Option)

- Send health plan information to beneficiaries.
- Provide Medicaid services and care coordination for their members.

TRANSFERS & REFERRALS TO DSS

The Enrollment Broker, health plans, and NC Medicaid Contact Center will all make referrals and transfers to the local DSS. The following questions and topics are intended to prepare DSS offices for these calls.

- Are all incoming calls getting answered? If calls are not being answered, what can we do to mitigate this?
- Do we need to provide information about the Enrollment Broker and health plans to all DSS staff (not just Medicaid)?
- Can we secure a dedicated line to be used for the Enrollment Broker and health plans to transfer individuals with questions?

TO WHOM AND WHEN IS IT RECOMMENDED FOR DSS TO MAKE WARM TRANSFERS (WHEN POSSIBLE)?

Enrollment Broker:

Complaints about the Enrollment Broker

Health Plans:

- Complaints about a provider or health plan
- · Behavioral health crisis

Ombudsman

- Help resolving a problem after attempting to do so with the Enrollment Broker or health plan
- Concern about NC Medicaid Direct access to care
- Questions about rights and appeal options

TO WHOM AND WHEN IS IT RECOMMENDED FOR DSS TO MAKE REFERRALS?

Enrollment Broker:

Choice counseling

Health Plans:

Assistance with health plan information

Ombudsman:

Help resolving a problem

POTENTIAL SCENARIO: REFERRAL

You receive a call from a beneficiary, Sue Jones, asking about a letter she received in the mail. She says there is information about health plans, and she has heard from her neighbors that they chose WellCare as their health plan. She asks you if she should choose WellCare or if there is a better health plan for her. You have known Sue for a few years and understand that she is not tech savvy. What do you do?

- Let Sue know that you cannot help her choose the health plan that is best for her, but you know who can
- Inform Sue that Enrollment Specialists are available to help her review her health plan options over the phone at 1-833-870-5500 or online at ncmedicaidplans.gov.
- Ask Sue if she needs assistance with any other questions.

Fact Sheets will be updated periodically with new information. Created 2/9/2021. For more information, please visit https://www.medicaid.ncdhhs.gov/transformation.